

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	02/01/01
FORMALITY REVIEW	MD	K 955	02/21/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11-25-02
2	✓	✓	11-25-02
3	✓	✓	11-25-02
4	✓	✓	11-25-02
5	✓	✓	11-25-02
6	✓	✓	11-25-02
7	✓	✓	11-25-02
8	✓	✓	11-25-02
9	✓	✓	11-25-02
10	✓	✓	11-25-02
11	✓	✓	11-25-02
12	✓	✓	11-25-02
13	✓	✓	11-25-02
14	✓	✓	11-25-02
15	✓	✓	11-25-02
16	✓	✓	11-25-02
17	✓	✓	11-25-02
18	✓	✓	11-25-02
19	✓	✓	11-25-02
20	✓	✓	11-25-02
21	✓	✓	11-25-02
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25	✓	✓	11-25-02
26	✓	✓	11-25-02
27	✓	✓	11-25-02
28	✓	✓	11-25-02
29	✓	✓	11-25-02
30	✓	✓	11-25-02
31	✓	✓	11-25-02
32	✓	✓	11-25-02
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45	✓	✓	11-25-02
46	✓	✓	11-25-02
47	✓	✓	11-25-02
48	✓	✓	11-25-02
49	✓	✓	11-25-02
50	✓	✓	11-25-02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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